PRINTED: 02/02/2011
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155133	A. BUILDING _____ B. WING _____	C 01/27/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS HEALTH AND REHABILITATION CENTER	2100 MIDWAY STREET COLUMBUS, IN 47201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the investigation of complaint IN00085122 and complaint IN00085432. Complaint IN00085122 substantiated, federal/state deficiencies related to the allegations are cited at F282, F431 and F514. Complaint IN00085432 unsubstantiated due to lack of evidence. Survey dates: January 24, 25, 26 and 27, 2011 Facility number: 000058 Provider number: 155133 AIM number: 100283340 Survey team: Penny Marlatt, RN Census bed type: SNF/NF: 180 Total: 180 Census payor type: Medicare: 27 Medicaid: 126 Other: 27 Total: 180 Sample: 5 These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality review completed 1-30-11 Cathy Emswiller RN	F 000	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* 1. Corrective actions: Resident D will receive her medication as ordered by her physician. The nurse was counseled. 2. The Unit Manager or designee will check the Narcotic sheets, using the Morning checklist. Each resident receiving a narcotic will have their narcotic count sheet checked against the MAR. 3. The DNS or designee will assure controlled substances are counted at shift change or when keys are rendered; on the controlled drugs count sheet. The DNS or designee will assure that results of the count on controlled substances are documented, on the count sheet. The DNS or designee will inservice the staff that when a medication is administered, the physicians order is verified. The label on the medication will be checked when taking the medication from the drawer, when pouring or popping the medication and when returning the medication to the cart. The DNS or designee will observe a medication pass on nurses that pass medication; on the medication administration form.	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	F 282		

P.O.C approved 2/22/11 V.C

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

K Shane Wright — Executive Dir. — 2-17-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	Continued From page 1 The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to administer the correct dosage of antianxiety medication that was ordered by the physician on 5 occasions in a 6 day time period in 1 of 4 residents reviewed for pain/comfort in a total sample of 5 residents. (Resident D) Findings include: Resident D's clinical record was reviewed on 1-26-11 at 9:15 a.m. Her diagnoses included, but were not limited to anxiety, senile dementia, depression, osteoporosis, osteoarthritis, congestive heart failure (heart problems), hypertension (high blood pressure), and anorexia (failure to eat adequate nutrition). Resident D's plan of care ordered by her physician indicated she was to receive ativan (an antianxiety medication) 1.0 milligram (mg) each morning and 0.5 mg each evening by mouth. In review of the controlled substance log (a written account of each pill used) indicated during the time period 11-10-10 and 11-15-10, there were 5 separate doses administered incorrectly. On 11-10-10, 11-13-10, and 11-14-10, this resident received ativan 0.5 mg in the morning. On 11-15-10, the log indicated the resident received 2 doses of ativan 0.5 mg, a total of 1.0 mg for the evening dose. The controlled substance log	F 282	4. The DNS or designee will audit the narcotic count sheet on a weekly basis; Audits will be presented to the Performance Improvement Committee x 3 months or until in substantial compliance. 5. Completion Date: 2-26-11	

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F 282	Continued From page 2 indicated no dosage of ativan given on the morning of 11-15-10. In interview with the Director of Nursing on 1-27-11 at 1:15 p.m., she identified one of the nurse's who had given 2 of the incorrect dosages (on 11-13-10 and 11-14-10 morning doses) as a float nurse. In review of the facility policy entitled, "Oral Medication Administration," provided by the Administrator on 1-24-11 at 12:15 a.m. with a revision date of 10-11-10, it indicated under step 1 to verify physician's orders. Under step 4, it indicated to check the medication label 3 separate times, when taking the container from the shelf or drawer, when pouring the medication and when returning the container to the shelf or drawer. This federal tag relates to complaint number IN00085122. 3.1-35(g)(2)	F 282		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the	F 431		

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F 431	Continued From page 3 appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure proper documentation of receipt of a controlled substance and failed to properly document the administration of a controlled substance for 1 of 4 residents reviewed for pain/comfort in a total sample of 5 residents. (Resident A) Findings include: Resident A's clinical record was reviewed on 1-25-11 at 10:15 a.m. Her diagnoses included, but were not limited to Stage 2 pressure area on buttocks, chronic renal failure (kidney failure), dialysis 3 times weekly, history of perforated	F 431	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* 1. Corrective actions: Resident A no longer resides in the facility. Any nurse involved has been counseled. 2. Residents receiving a narcotic will have their narcotic count sheet checked against the MAR 3. The DNS or designee will assure the staff is educated on controlled substances count sheets. This includes Date of receipt, Resident's name, Name and strength of medication, Prescription number and the Amount of medication received. The DNS will ensure that the Pharmacy or designee will inservice the staff on the proper documentation of controlled substances. 4. The DNS or designee will do weekly reconciliations of records or receipt, disposition and inventory for all controlled medications. The DNS or designee will maintain the controlled medication receipt/record/disposition in a 3-ring binder with tabs for each month. Audits will be presented to the Performance Improvement Committee x 3 months or until in substantial compliance. 5. Date of Completion 2-26-11	

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F 431	Continued From page 4 viscus and of sigmoid colon (4/10) with surgical repair; respiratory failure, hypertension (high blood pressure), bilateral pleural effusion (infection in both lungs) and chronic anemia. Review of the physician orders for August 2010 indicated multiple medication changes, including medications for pain control. On 8-2-10 at 10:00 a.m., a physician telephone order indicated orders from the attending physician for MS Contin (a continuous, long acting version of morphine sulfate) 30 milligrams (mg) twice daily by mouth and an order for MSIR (short-acting version of morphine sulfate) 30 mg every 4 hours as need for breakthrough pain. This same information was documented on the Medication Administration Record (MAR) on the same date with administration times listed as 1:00 a.m. and 1:00 p.m. for the MS Contin 30 mg to be given twice daily and the MSIR 30 mg to be given every 4 hours as needed for pain. Both of these medications are controlled substances. The MAR indicated the MS Contin 30 mg was given on 8-2-10 at 1:00 p.m., 8-3-10 at 1:00 a.m. and 1:00 p.m. and on 8-4-10 at 1:00 a.m. The MAR and a Pain Monitoring Flowsheet indicated the MSIR was administered on 8-2-10 one time without a time listed; on 8-3-10 at 2:00 a.m., at 6:00 a.m., at 9:45 a.m. and at 2:30 p.m.; and on 8-4-10 one time without a time listed. A corresponding narcotic log was not found for the MS Contin or the MSIR. In interview with the Director of Nursing (DON) on 1-25-11 at 4:30 p.m., she provided a copy of a fax sheet which indicated 2 pills each were received from what she indicated as the "other pharmacy." The faxed document indicated 2 pills each of MS Contin 30	F 431		

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F 431	Continued From page 5 mg and MSIR 30 mg were delivered on 8-2-10 with no time listed, nor names nor signatures of persons who delivered the medication or of persons who received the medications. She indicated this pharmacy will send just enough medication to get through until the facility gets the next regular delivery from their regular pharmacy. She indicated, "When we get such small doses, we don't have a specific sign out sheet. We have a sign out sheet when we get it from the regular pharmacy delivery." In interview with the DON on 1-26-11 at 1:25 p.m., she indicated she had spoken to the pharmacy which routinely provides medication to the facility. She indicated the pharmacy had told her they had sent both forms of the morphine sulfate, but that she could not locate the narcotic log [which indicates when the controlled substance was administered and by whom] nor a destruction log [which would indicate the quantity of medication remained and was destroyed by the facility or returned to the pharmacy company if the medication was discontinued by a physician order or the resident was discharged/left the facility.] In interview with the DON on 1-26-11 at 2:12 p.m., she provided a copy entitled "Shipping Manifest (Schedule CII-CV)", dated and signed 8-2-10 at 4:40 p.m., indicating the facility received 30 tablets each of Morphine Sulfate ER 30 mg ([equivalent to MS Contin 30 mg] and Morphine Sulfate IR 30 mg [equivalent to MSIR 30 mg]. The DON indicated she was unable to locate a narcotic log or destruction log for either medication. On 1-26-11 at 11:55 a.m., the DON provided a	F 431		

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F 431	Continued From page 6 copy of the facility's policy entitled, "Controlled Medications," with a revision date of 1-15-10. This policy indicated the DON is responsible "to maintain a system for the receipt, usage, disposition, and reconciliation of controlled medications. This system includes, but is not limited to: (a.) record of receipt of all controlled medications with sufficient detail to allow reconciliation (i.e., specifying the name and strength of the medication, quantity and date received , and the resident's name.); (b.) records of usage and disposition of all controlled medications with sufficient detail to allow reconciliation (i.e., the medication administration record (MAR), proof-of-use sheets, or declining inventory sheets), including destruction, wastage, return to the pharmacy/manufacturer, or disposal in accordance with applicable State requirements." This federal tag relates to complaint number IN00085122. 3.1-25(e)(2) 3.1-25(e)(3) 3.1-25(s)(1) 3.1-25(s)(2) 3.1-25(s)(3) 3.1-25(s)(4) 3.1-25(s)(5) 3.1-25(s)(6) 3.1-25(s)(7) 3.1-25(s)(8)	F 431		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional	F 514		

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F 514	Continued From page 7 standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: 1. The facility failed to ensure an accurate tracking mechanism for use of controlled substances in 1 of 4 residents reviewed for pain/comfort in a total sample of 5 residents. (Resident A) 2. The facility failed to ensure accuracy of the controlled substances provided were properly documented. (Resident D) 1. Resident A's clinical record was reviewed on 1-25-11 at 10:15 a.m. Her diagnoses included, but were not limited to Stage 2 pressure area on buttocks, chronic renal failure (kidney failure), dialysis 3 times weekly, history of perforated viscus and of sigmoid colon (4/10) with surgical repair; respiratory failure, hypertension (high blood pressure), bilateral pleural effusion (infection in both lungs) and chronic anemia. Review of the physician orders for August 2010 indicated multiple medication changes, including medications for pain control. On 8-2-10 at 10:00 a.m., a physician telephone order indicated orders from the attending physician for MS Contin (a continuous, long acting version of morphine	F 514	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* 1. Corrective Actions: Resident D will receive her medication as ordered by her physician. Resident A no longer resides in the facility. Any nurse involved has been counseled. 2. Each resident that is receiving a narcotic will have their narcotic count sheet checked against the MAR. 3. The DNS will ensure that the Pharmacy or designee will inservice the staff on the proper documentation of controlled substances. The DNS or designee will assure the staff is educated on the controlled substances count sheet. This is to include Date of receipt, Resident's name, Name and strength of medication, Prescription number and the Amount of medication received. The DNS will ensure that the Pharmacy or designee will inservice the staff on the proper documentation of controlled substances. The DNS or designee will observe a medication pass on nurses that passes medication. The DNS or designee will assure that the staff is educated that when a medication is administered, the physicians order	

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F 514	Continued From page 8 sulfate) 30 milligrams (mg) twice daily by mouth and an order for MSIR (short-acting version of morphine sulfate) 30 mg every 4 hours as need for breakthrough pain. This same information was documented on the Medication Administration Record (MAR) on the same date with administration times listed as 1:00 a.m. and 1:00 p.m. for the MS Contin 30 mg to be given twice daily and the MSIR 30 mg to be given every 4 hours as needed for pain. Both of these medications are controlled substances. The MAR indicated the MS Contin 30 mg was given on 8-2-10 at 1:00 p.m., 8-3-10 at 1:00 a.m. and 1:00 p.m. and on 8-4-10 at 1:00 a.m. The MAR and a Pain Monitoring Flowsheet indicated the MSIR was administered on 8-2-10 one time without a time listed; on 8-3-10 at 2:00 a.m., at 6:00 a.m., at 9:45 a.m. and at 2:30 p.m.; and on 8-4-10 one time without a time listed. A corresponding narcotic log was not found for the MS Contin or the MSIR. In interview with the Director of Nursing (DON) on 1-25-11 at 4:30 p.m., she provided a copy of a fax sheet which indicated 2 pills each were received from what she indicated as the "other pharmacy." The faxed document indicated 2 pills each of MS Contin 30 mg and MSIR 30 mg were delivered on 8-2-10 with no time listed, nor names nor signatures of persons who delivered the medication or of persons who received the medications. She indicated this pharmacy will send just enough medication to get through until the facility gets the next regular delivery from their regular pharmacy. She indicated, "When we get such small doses, we don't have a specific sign out sheet. We have a sign out sheet when we get it from the regular pharmacy delivery."	F 514	is verified, the label on the medication will be checked when taking the medication from the drawer, when pouring or popping the medication and when returning the medication to the cart. 4. The DNS or designee will do weekly reconciliations of records or receipt, disposition and inventory for all controlled medications; a 3-ring binder will be maintained with tabs for each month. The DNS or designee will audit the narcotic count sheet weekly. Audits will be presented to the Performance Improvement Committee x 3 months or until in substantial compliance. 5. Date of Completion 2-26-11	

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F 514	Continued From page 9 In interview with the DON on 1-26-11 at 1:25 p.m., she indicated she had spoken to the pharmacy which routinely provides medication to the facility. She indicated the pharmacy had told her they had sent both forms of the morphine sulfate, but that she could not locate the narcotic log [which indicates when the controlled substance was administered and by whom] nor a destruction log [which would indicate the quantity of medication remained and was destroyed by the facility or returned to the pharmacy company if the medication was discontinued by a physician order or the resident was discharged/left the facility.] In interview with the DON on 1-26-11 at 2:12 p.m., she provided a copy entitled "Shipping Manifest (Schedule CII-CV)", dated and signed 8-2-10 at 4:40 p.m., indicating the facility received 30 tablets each of Morphine Sulfate ER 30 mg ([equivalent to MS Contin 30 mg] and Morphine Sulfate IR 30 mg [equivalent to MSIR 30 mg]. The DON indicated she was unable to locate a narcotic log or destruction log for either medication. On 1-26-11 at 11:55 a.m., the DON provided a copy of the facility's policy entitled, "Controlled Medications," with a revision date of 1-15-10. This policy indicated the DON is responsible "to maintain a system for the receipt, usage, disposition, and reconciliation of controlled medications. This system includes, but is not limited to: (a.) record of receipt of all controlled medications with sufficient detail to allow reconciliation (i.e., specifying the name and strength of the medication, quantity and date received , and the resident's name.); (b.) records	F 514		

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F 514	Continued From page 10 of usage and disposition of all controlled medications with sufficient detail to allow reconciliation (i.e., the medication administration record (MAR), proof-of-use sheets, or declining inventory sheets), including destruction, wastage, return to the pharmacy/manufacturer, or disposal in accordance with applicable State requirements." 2. Resident D's clinical record was reviewed on 1-26-11 at 9:15 a.m. Her diagnoses included, but were not limited to anxiety, senile dementia, depression, osteoporosis, osteoarthritis, congestive heart failure (heart problems), hypertension (high blood pressure), and anorexia (failure to eat adequate nutrition). Resident D's plan of care ordered by her physician indicated she was to receive ativan (an antianxiety medication) 1.0 milligram (mg) each morning and 0.5 mg each evening by mouth. In review of the controlled substance log (a written account of each pill used) indicated during the time period 11-10-10 and 11-15-10, there were 5 separate doses administered incorrectly. On 11-10-10, 11-13-10, and 11-14-10, this resident received ativan 0.5 mg in the morning. On 11-15-10, the log indicated the resident received 2 doses of ativan 0.5 mg, a total of 1.0 mg for the evening dose. The controlled substance log indicated no dosage of ativan given on the morning of 11-15-10. In interview with the Director of Nursing on 1-27-11 at 1:15 p.m., she identified one of the nurse's who had given 2 of the incorrect dosages (on 11-13-10 and 11-14-10 morning doses) as a float nurse.	F 514		

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FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155133	A. BUILDING _____ B. WING _____	C 01/27/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS HEALTH AND REHABILITATION CENTER	2100 MIDWAY STREET COLUMBUS, IN 47201

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F 514	Continued From page 11 In review of the facility policy entitled, "Oral Medication Administration," provided by the Administrator on 1-24-11 at 12:15 a.m. with a revision date of 10-11-10, it indicated under step 1 to verify physician's orders. Under step 4, it indicated to check the medication label 3 separate times, when taking the container from the shelf or drawer, when pouring the medication and when returning the container to the shelf or drawer. This federal tag relates to complaint number IN00085122. 3.1-50(a)(1) 3.1-50(a)(2)	F 514		